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901 NORTH GLEBE ROAD, 11TH FLOOR **ARLINGTON, VA 22203** (Depositor's name) (Signature (Date CONFIRMATION NO. ATTORNEY DOCKET NO. APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR 5486 5366-7 10/593.829 01/12/2007 Nicolai Bovin TITLE OF INVENTION: SYNTHETIC MEMBRANE ANCHORS 00000031 10593829 05/11/2011 DALLEN-4237.00 OP 01 FC:1461 **PUBLICATION FEE DUE** PREV. PAID ISSUE FEE TOTAL FEE(S) DUE **DATE DUE** APPLN, TYPE SMALL ENTITY ISSUE FEE DUE 05/02/2011 YES \$755 \$300 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** BLAND, LAYLA D 1623 536-017100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Nixon & Vanderhye (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member, a will have registered attorney or agent) and the names of up to 2 registered patent attorneys or agents of no name is 3 BEESBBB5 18593829 Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 1510.00 <u>op</u> 23 La Principal 366.68 Ob . 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Auckland, New Zealand Kode Biotech Limited Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🛄 Government 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form): X Advance Order - # of Copies overpayment, to Deposit Account Number 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States patent and Trademark Office. DOLITICATI DHEFFU 00000031 10593829 May: 261 2011 -4237. NA ND Authorized Signature Date Leonard C. Mitchard 29,009 Typed or printed name Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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